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SIPDIS

DEPT FOR OES/IHA (DR. DSINGER/RSDALEY), EUR/WE
DHHS FOR OGHA (STEIGER/BUDASHEWITZ)
FAS FOR ITP/MACKE/THOMAS, CMP/DLP/WETZEL/CLERKIN, FAS/BLEGGI
FAS PASS FSIS AND APHIS
CDC FOR DR. DBELL
HOMELAND SECURITY FOR OIA
USEU BRUSSELS PASS APHIS/FERNANDEZ
MILAN PLEASE PASS TO TURIN OFFICE

E.O. 12958: N/A

TAGS: [TBIO](#) [EAGR](#) [KFLU](#) [SENV](#) [ECON](#) [PREL](#) [KSCA](#) [IT](#) [AVIAN](#) [INFLUENZA](#)
SUBJECT: ITALIAN AVIAN/PANDEMIC INFLUENZA PLAN ADOPTED

REFTELS: (A) ROME 000510, (B) 05 ROME 4188, (C) 05 Rome

4113

1. SUMMARY: Ref C reported on a draft version of Italy's avian/pandemic influenza preparedness plan. The final version of the plan was adopted by the Council of the State and Regions on February 9, 2006. The National Plan for Preparedness and Response to Pandemic Influenza is now available in Italian on the Health Ministry's Center for Disease Control internet web site at: (http://www.ccm.ministerosalute.it/imgs/C_17_publicazioni_501_allegato.pdf). The final version, which is much less detailed than the earlier draft (Ref C), updates and replaces the 2002 version. The final version enumerates guidelines for the operational plans to be prepared by each Italian region, with input from all institutions with responsibilities during a pandemic. The GOI intends to update the plan on a regular basis, as the regional plans are completed. END SUMMARY.

PLAN'S MAIN OBJECTIVES

2. Preparing for an influenza pandemic is a top priority for the Government of Italy, and the GOI is working with many partners, including the United States, to enhance global capacity to respond. Italian medical science, veterinary services, and public health infrastructure are capable of timely and effective disease detection and outbreak response. The plan's main objective is to increase preparedness at both national and local levels, in order to:

- Improve epidemiological and virological surveillance to quickly identify flu cases caused by new viral sub-types and immediately recognize the onset of a pandemic.
- Guarantee access to medical treatment in order to minimize transmission and limit mortality.
- Reduce the impact on social services and maintain essential services.
- Provide adequate training to medical responders.
- Establish mechanisms for immediately channeling updated information to decision makers, the health system, and the public.
- Monitor continuously the efficacy of actions taken.

COUNCIL OF MINISTERS TAKES OVER FROM HEALTH MINISTRY WHEN WHO DECLARES PANDEMIC ALERT.

3. The plan adopts the WHO's six phases and levels of pandemic alert, and provides for specific actions to be taken during each phase/level. When the WHO Director General declares the current phase of alert, the Health Minister provides the information to the public. The Ministry of Health and its operational branch, the CCM, ("Centro Nazionale per la Prevenzione ed il Controllo delle Malattie" - the Italian CDC), will be responsible for planning, carrying out, and monitoring pandemic-related activities. The CCM has formed a Strategy Committee, which includes the Health Minister, the Regions, the Civil Protection Department, and the Defense Ministry. The CCM is supported by universities, animal health institutes, and public, private, and military hospitals all over Italy. Local actions, determined and coordinated by the CCM, will be overseen by the Regions through their own operational bodies.

4. As each pandemic phase is declared, the Health Ministry will reach agreement with the Regions on health care actions, and with other ministries on all necessary non-health actions, including making international agreements. Health care measures will be available to everyone in Italy, as well as to personnel at Italian embassies in affected countries.

5. When the WHO declares the maximum level of pandemic

alert (phase 6), the Ministry of Health/CCM will cede decision-making authority to the Council of Ministers and the Prime Minister, who will declare a state of emergency and activate the Civil Protection Department.

ACTIONS TO DATE

16. Reftels outlined GOI actions already taken in the areas of public health and veterinary prevention, i.e., increased surveillance and augmented veterinary forces. On public health, the GOI has purchased four million doses of antivirals, which will be stockpiled by the end of 2006. The drugs will be distributed to the Italian regions, which will be responsible for administering them immediately in case of a pandemic.

17. Vaccination and Antivirals. The GOI has signed contracts with drug companies for vaccine production. The vaccine will be administered to six categories of individuals by priority (health care providers first and healthy adults last). The plan does not give details on expenditures; but on September 2, 2005 (Ref C), the Health Ministry announced that Italy had paid five million euros in pre-emption rights to purchase 36 million doses of vaccine and 1.5 million euros for antivirals.

NEXT STEPS

18. The CCM will prepare national guidelines for actions included in the plan that have not yet been completed, and will include them as technical annexes. Many of the actions have already been started (see paragraph 6 and reftels). Operational effectiveness will be tested in national and local exercises, which will include all authorities and health and emergency professionals with responsibilities during a pandemic.

COMMENT

19. The final version of the National Plan is much less detailed than the draft of November 30, 2005, which was furnished in confidence to the Embassy (Ref C). The final version does not spell out specifics, but instead sets out broad guidelines and areas of national/local responsibility. Though final, the plan appears to be a "work in progress" that we expect will evolve as the European region and the rest of the world respond to the evolving avian influenza situation. END COMMENT.
SPOGLI